

<i>SERFF Tracking Number:</i>	<i>CNAB-125384114</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#215430 \$25</i>
<i>Company Tracking Number:</i>	<i>07-F3389</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-F3389</i>		

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Deferral Request	SERFF Tr Num: CNAB-125384114	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: #215430 \$25
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 07-F3389		State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Mercy Marasigan	Disposition Date: 12/17/2007
	Date Submitted: 12/11/2007	Disposition Status: Non-Adoption
Effective Date Requested (New): 05/01/2007		Effective Date (New):
Effective Date Requested (Renewal): 05/01/2007		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Deferral Request	Status of Filing in Domicile: Pending
Project Number: 07-F3389	Domicile Status Comments: Pending review by the Dept. of Insurance
Reference Organization: ISO	Reference Number: GL-2006-OCTFR
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/17/2007	
State Status Changed: 12/17/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Deferral Request- We are requesting to defer the ISO General Liability Multistate Forms revision (Filing Designation #GL-2006-OCTFR) as referenced in their circular LI-GL-2007-111.	

SERFF Tracking Number:	CNAB-125384114	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#215430 \$25
Company Tracking Number:	07-F3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-F3389		

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst	mercedes.marasigan@cna.com
333 S. Wabash	(312) 822-6609 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]	-----	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor

SERFF Tracking Number: CNAB-125384114 *State:* Arkansas
First Filing Company: Continental Insurance Company, ... *State Tracking Number:* #215430 \$25
Company Tracking Number: 07-F3389
TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2001 Commercial General Liability
Product Name: Deferral Request
Project Name/Number: Deferral Request/07-F3389

Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-1877247	

Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527	

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545	

SERFF Tracking Number:	CNAB-125384114	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#215430 \$25
Company Tracking Number:	07-F3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-F3389		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25 for Deferral
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	12/11/2007	
American Casualty Company of Reading PA	\$0.00	12/11/2007	
National Fire Insurance Company of Hartford	\$0.00	12/11/2007	
Transportation Insurance Company	\$0.00	12/11/2007	
Valley Forge Insurance Company	\$0.00	12/11/2007	
Continental Casualty Company	\$0.00	12/11/2007	

SERFF Tracking Number:	CNAB-125384114	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#215430 \$25
Company Tracking Number:	07-F3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-F3389		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Edith Roberts	12/17/2007	12/17/2007

SERFF Tracking Number:	CNAB-125384114	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#215430 \$25
Company Tracking Number:	07-F3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-F3389		

Disposition

Disposition Date: 12/17/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125384114</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#215430 \$25</i>
<i>Company Tracking Number:</i>	<i>07-F3389</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-F3389</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Non-adoption	Yes
Supporting Document	Cover Letter	Non-adoption	Yes

<i>SERFF Tracking Number:</i>	<i>CNAB-125384114</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#215430 \$25</i>
<i>Company Tracking Number:</i>	<i>07-F3389</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-F3389</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNAB-125384114	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#215430 \$25
Company Tracking Number:	07-F3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-F3389		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Non-adoption	12/17/2007
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Comments:

P & c Transmittal Document attached

Attachment:

AR07-F3389 P & C Trans. Doc.pdf

Satisfied -Name:	Cover Letter	Review Status:	Non-adoption	12/17/2007
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Comments:

Cover letter attached

Attachment:

AR07-F3389 Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	07-F3389
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
	333 S. Wabash Ave. Chicago, IL 60604				
7.	Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8.	Please print name of authorized filer		Mercy A. Marasigan		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Written 5/1/08 Renewal: Written 5/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	GL-2006-OCTFR Filing Designation Number
18. Company's Date of Filing	12/4/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-F3389
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above named companies, as subscriber to the Insurance Services Office, had the captioned changes filed on their behalf.

This revision was filed with the ISO Filing Designation Number GL-2006-OCTFR, as referenced in their Circular # GL-2007-111.

We respectfully request to defer this revision to be applicable to all policies written on and after May 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 0000215430

Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



CNA Plaza Chicago IL 60685-0001

December 6, 2007

Mercy A. Marasigan

State Filing Analyst
Commercial Lines/37S

Telephone 312-822-6609
Facsimile 312-755-2394
mercedes.marasigan@cna.com

Honorable Julie Benafiled Bowman
Insurance Commissioner
1200 West Third Street
Little Rock, AR 72201 - 1904

Attn.: Compliance/Property & Cas.

Re: Commercial General Liability Program (ID#07-F3389)
DEFERRAL REQUEST
ISO 2007 General Liability Multistate Forms Revision
CONTINENTAL CASUALTY COMPANY 218-20443
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427
TRANSPORTATION INSURANCE COMPANY 218-20494
VALLEY FORGE INSURANCE COMPANY 218-20508
THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies, as subscriber to the Insurance Services Office, had the captioned revision filed on their behalf applicable to all policies written on and after December 1, 2007.

This revision was filed with the ISO Filing Designation Number GL- 2006- OCTFR, as referenced in their Circular LI-GL-2007-111.

We respectfully request to defer this revision to be applicable to all policies written on and after May 1, 2008.

Please stamp and return the enclosed extra copy of this letter for our records.

Very truly yours,

Mercy A. Marasigan